

6-14-05

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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/706,666      |
| Filing Date            | 11/12/2003      |
| First Named Inventor   | Donald E. Weder |
| Art Unit               | 3644            |
| Examiner Name          | F. Palo         |
| Attorney Docket Number | 8403.696        |

**ENCLOSURES (Check all that apply)**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation of POA,<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| <b>Remarks</b><br>1. Transmittal Form (1 page);<br>2. Fee Transmittal (1 page);<br>3. Credit Card Payment Form (1 page);<br>4. Supplemental Information Disclosure Statement (3 pages);<br>5. Information Disclosure Statement by Applicant (formerly Form 1449) (2 pages);<br>6. Cited Material; and<br>7. Postcard.  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                |          |        |
|--------------|--------------------------------|----------|--------|
| Firm Name    | DUNLAP, CODDING & ROGERS, P.C. |          |        |
| Signature    |                                |          |        |
| Printed name | Kathryn L. Hester, Ph.D.       |          |        |
| Date         | 06/13/2005                     | Reg. No. | 46,768 |

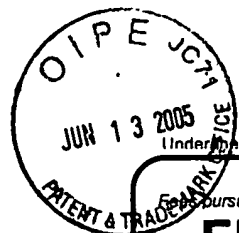
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: \*\*\* SENT BY EXPRESS MAIL NO. EL 984588282 US, DATED 06/13/2005\*\*\*

|                       |                          |      |            |
|-----------------------|--------------------------|------|------------|
| Signature             |                          |      |            |
| Typed or printed name | Kathryn L. Hester, Ph.D. | Date | 06/13/2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **180.00****Complete if Known**

|                      |                 |
|----------------------|-----------------|
| Application Number   | 10/706,666      |
| Filing Date          | 11/12/2003      |
| First Named Inventor | Donald E. Weder |
| Examiner Name        | F. Palo         |
| Art Unit             | 3644            |
| Attorney Docket No.  | 8403.696        |

**METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200      | 100                   |
| Multiple dependent claims   | 360      | 180                   |

| Total Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|---------------------------|----------|---------------|
| - 20 or HP = _____ x 0.00 = 0.00                                      |              |          |               |                           |          |               |
| HP = highest number of total claims paid for, if greater than 20      |              |          |               |                           |          |               |
| Indep. Claims   | Extra Claims | Fee (\$) | Fee Paid (\$) |                           |          |               |
| - 3 or HP = _____ x 0.00 = 0.00                                       |              |          |               |                           |          |               |
| HP = highest number of independent claims paid for, if greater than 3 |              |          |               |                           |          |               |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof         | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|--|----------|---------------|
| - 100 = _____ | 0            | / 50 = _____ (round up to a whole number) x _____ = 0.00 |          |               |

**4. OTHER FEE(S)**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | 0.00           |
| Other: Supplemental IDS Code - 1806                             | 180.00         |

**SUBMITTED BY**

|                   |                          |                                   |        |           |              |
|-------------------|--------------------------|-----------------------------------|--------|-----------|--------------|
| Signature         |                          | Registration No. (Attorney/Agent) | 46,768 | Telephone | 405-607-8600 |
| Name (Print/Type) | Kathryn L. Hester, Ph.D. |                                   |        | Date      | 06/13/2005   |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**EXPRESS MAIL NO.: EL 984588282 US**  
**DATE DEPOSITED: JUNE 13, 2005**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                            |   |                          |
|----------------------------|---|--------------------------|
| Applicant: Donald E. Weder | ) | Group No.: 3644          |
|                            | ) |                          |
| Serial No.: 10/706,666     | ) | Examiner: F. Palo        |
|                            | ) |                          |
| Filed: November 12, 2003   | ) | Atty. Dkt. No.: 8403.696 |
|                            | ) |                          |
| Customer No.: 30589        | ) | Confirmation: 8043       |

For: METHOD OF WRAPPING A POT WITH A COVER HAVING ADHESIVE  
OR COHESIVE THEREON

Mail Stop - Amendment  
Commissioner for Patents  
P.O. Box 1450, Alexandria, VA 22313-1450

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
FILED UNDER 37 CFR 1.97(e)(1)**

**List of Sections Forming Part of This  
Information Disclosure Statement**

The following sections are being submitted for this Information Disclosure Statement:

1. ☒ Statement Under 37 CFR 1.97(e)(1)
2. ☒ Preliminary Statements
3. ☒ Form PTO-1449
4. ☒ Copies Of Listed Information Items Accompanying This Statement

5.     ☒ Identification of Person(s) Making This Supplemental Information Disclosure Statement

### **Section 1.           Statement Under 37 CFR 1.97(e)(1)**

Each item of information contained in the Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three (3) months prior to the filing of this Supplemental Information Disclosure Statement.

### **Section 2.           Preliminary Statements**

Applicants submit herewith patents, publications or other information of which they are aware, which they believe may be material to the examination of this application and in respect of which there may be a duty to disclose.

The filing of this information disclosure statement shall not be construed as a representation that a search has been made (37 C.F.R. § 1.97(g)), an admission that the information cited is, or is considered to be, material to patentability or that no other material information exists.

The filing of this information disclosure statement shall not be construed as an admission against interest in any manner. Notice of January 9, 1992, 1135 O.G. 13-25, at 25.

### **Section 3.           Form PTO-1449**

☒ A completed Form 1449 is attached hereto.

☐ No Form 1449 is attached.

**Section 4. Copies Of Listed Information Items Accompanying This Statement**

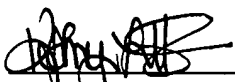
Legible copies of all items listed in Form 1449 accompany this information disclosure statement.

**Section 5. Identification Of Person(s) Making This Supplemental Information Disclosure Statement**

The person making this statement is the attorney/agent who signs below on the basis of the information:

- ☐ supplied by the inventor(s)
- ☐ supplied by an individual associated with the filing and prosecution of this application (37 C.F.R. § 1.56(c)).
- ☒ in the attorney/agent's file.

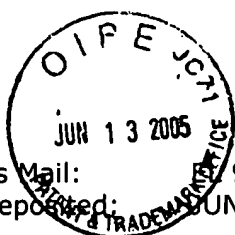
Respectfully submitted,



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Agent for Applicants



Express Mail: 984588282 US  
Date Deposited: JUNE 13, 2005

Substitute for Form 1449A/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

| Complete if Known      |                 |
|------------------------|-----------------|
| Application Number     | 10/706,666      |
| Filing Date            | 11/12/2003      |
| First Named Inventor   | Donald E. Weder |
| Group Art Unit         | 3644            |
| Examiner Name          | F. Palo         |
| Attorney Docket Number | 8403.696        |

### U. S. PATENT DOCUMENTS

| EXAM<br>INIT. | Cite<br>No. 1 | U.S. PATENT NUMBER<br>Number | Kind Code <sup>2</sup><br>(if known) | Name of Patentee or Applicant<br>of Cited Document | Date of Publication of<br>Cited Document MM-<br>DD-YYYY | Pages, Columns, Lines,<br>Where Relevant<br>Passages or Relevant<br>Figures Appear |
|---------------|---------------|------------------------------|--------------------------------------|--|---|--|
|               | AA            | 6510650                      |                                      | Weder  | 01/28/2003  |  |
|               |               |                              |                                      |  |   |  |
|               |               |                              |                                      |  |   |  |
|               |               |                              |                                      |  |   |  |
|               |               |                              |                                      |  |   |  |
|               |               |                              |                                      |  |   |  |
|               |               |                              |                                      |  |   |  |

### FOREIGN PATENT DOCUMENTS

| EXAM<br>INIT. | Cite<br>No.<br>1 | Foreign Patent Document |          |                                      | Name of Patentee or<br>Applicant of Cited Document | Date of Publication of<br>Cited Document<br>MM-DD-YYYY | Pages, Columns,<br>Lines Lines, Where<br>Relevant Passages<br>or Relevant<br>Figures Appear | T <sup>4</sup> |
|---------------|------------------|-------------------------|----------|--------------------------------------|--|--|---|----------------|
|               |                  | Office 3                | Number 4 | Kind Code <sup>5</sup><br>(if known) |  |  |   |                |
|               |                  |                         |          |                                      |  |  |   |                |
|               |                  |                         |          |                                      |  |  |   |                |
|               |                  |                         |          |                                      |  |  |   |                |
|               |                  |                         |          |                                      |  |  |   |                |
|               |                  |                         |          |                                      |  |  |   |                |

**U.S. and Foreign:** <sup>1</sup>Unique citation designation number. <sup>2</sup>See attached Kinds of U.S. Patent Documents. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard St.3). <sup>4</sup>Form Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard St. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

| EXAM<br>INIT. |  | <b>NON-PATENT DOCUMENTS</b><br>Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published |
|---------------|--|--|
|               |  |  |
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**Non Patent Documents:** <sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

|                      |                  |
|----------------------|------------------|
| -Examiner Signature: | Date Considered: |
|----------------------|------------------|

EXAMINER: Initial if citation considered, whether or not citation is in conformance and not considered. Include copy of this form with next communication to applicant. \*\*Place of Publication refers to name of publication in which the information was published.

1449.wpd